

*Affidavit attached*

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3038

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

533

11 113  
CE OF DEATH  
AND X  
AL RESIDENCE  
X -

1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>One Day</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Illinois</b> B. COUNTY <b>Cook</b>	
C. CITY OR TOWN <b>Tucson</b>				C. CITY OR TOWN <b>Evanston</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ghost Ranch Lodge: Hwy. 84</b>		D. STREET ADDRESS <b>1216 Lee Street</b> (IF RURAL, GIVE LOCATION)			

DECEDENT  
PERSONAL  
DATA 110  
6  
554

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>ALLAN</b> B. (MIDDLE) <b>A.</b> C. (LAST) <b>GEORGE</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
6B. NAME OF SPOUSE <b>Marguerite</b>		7. DATE OF BIRTH MONTH <b>10</b> DAY <b>12</b> YEAR <b>1913</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>40</b>	IF UNDER 1 YEAR MONTHS <b>--</b> DAYS <b>--</b>	IF UNDER 24 HRS. HOURS <b>--</b> MIN. <b>--</b>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Salesman</b>					
9B. KIND OF BUSINESS OR INDUSTRY <b>Selling</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mass.</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>	13. SOCIAL SECURITY NO. <b>--</b>	
14A. FATHER'S NAME <b>Harry L. George</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Canada</b>		15A. MOTHER'S MAIDEN NAME <b>Demetria Simmons</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mass.</b>					
16. INFORMANT'S SIGNATURE <b>Marguerite George</b> ADDRESS <b>Evanston, Ill.</b>			17. DATE OF DEATH (MONTH) <b>MAY</b> (DAY) <b>2</b> , (YEAR) <b>1954</b>		

CAUSE  
OF  
DEATH  
(ITEM 18) 6

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (1), (2), (3). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <b>Acute (Recurrent) Coronary</b> <b>Thrombosis</b> DUE TO (B) <b>Chronic Coronary Arteriosclerosis</b> DUE TO (C) <b>Generalized Atherosclerosis</b> <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 da.</b> <b>3 yrs</b> <b>3 yrs</b>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

OPERATIONS,  
AUTOPSY 11

19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	----------------------------------	--

MEDICAL  
CERTIFICATION 11

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Oct. 17, 1953</b> TO <b>May 2, 1954</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Sept 15, 1953</b> , AND THAT DEATH OCCURRED AT <b>10 15 AM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
---	--

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

22A. SIGNATURE <b>Lee H. Kel M.D.</b>	22B. ADDRESS <b>123 S. Stone Ave</b>	22C. DATE SIGNED <b>5/2/54</b>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>Natural Cause</b>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

ORONER'S  
CERTIFICATION 11

24A. CORONER'S SIGNATURE <b>Clark H. Johnson</b>	24B. ADDRESS <b>Coroner Justice Court # 2</b>	24C. DATE SIGNED <b>5-3-54</b>
--	---	--------------------------------

FUNERAL  
DIRECTOR  
AND  
REGISTRAR 301

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <b>5-3-54</b>	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Evanston, Illinois</b>
26A. DATE REC. BY LOCAL REG. <b>5-7-54</b>	26B. REGISTRAR'S SIGNATURE <b>James E. Kel</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Kel</b>	27B. ADDRESS <b>Arizona Mortuary</b>